



AMENDMENT TRANSMITTAL LETTER				Docket Number KPM-02101																																																			
Application Number 10/813,761		Filing Date March 30, 2004		Examiner Terry D. Cunningham		Group Art Unit 2816																																																	
Invention Title BOOSTING CIRCUIT AND SEMICONDUCTOR DEVICE USING THE SAME																																																							
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application, including: <div style="margin-left: 40px;"><input checked="" type="checkbox"/> (X) Amendment and Response to Office Action <input checked="" type="checkbox"/> (X) Change of Address <input checked="" type="checkbox"/> (X) Return Postcard</div> <div style="text-align: center;">CLAIMS AS AMENDED</div> <table border="1" style="width:100%"><thead><tr><th></th><th>(1)</th><th></th><th>(2)</th><th>(3)</th><th></th><th></th></tr><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th></th><th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th><th>PRESENT NUMBER EXTRA</th><th>RATE</th><th>FEE</th></tr></thead><tbody><tr><td>TOTAL CLAIMS</td><td>18</td><td></td><td>20</td><td>0</td><td>x \$ 50</td><td>\$ 0</td></tr><tr><td>INDEPENDENT CLAIMS</td><td>5</td><td>Minus</td><td>7</td><td>0</td><td>x \$200</td><td>\$ 0</td></tr><tr><td>MULTIPLE DEPENDENT CLAIM ADDED</td><td colspan="4"></td><td>\$360</td><td>\$</td></tr><tr><td colspan="5"></td><td>TOTAL</td><td>\$ 0</td></tr><tr><td colspan="4">If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.</td><td colspan="2">SMALL ENTITY TOTAL</td><td>\$</td></tr></tbody></table> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <div style="margin-left: 40px;"><input type="checkbox"/> () Please charge Deposit Account Number 503596 in the amount of \$_____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> () A check in the amount of \$_____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> (X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596.</div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="border-top: 1px solid black; padding-top: 2px;">Donald W. Muirhead, Reg. No. 33,978</div><div style="border-top: 1px solid black; padding-top: 2px;">November 9, 2005</div><div style="border-top: 1px solid black; padding-top: 2px;">Date</div></div><div style="width: 45%; border: 1px solid black; padding: 10px;"><div style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 9, 2005.</div><div style="text-align: center; margin-top: 10px;"><div style="border-top: 1px solid black; padding-top: 2px;">Bonny Rogers</div></div></div></div></div>								(1)		(2)	(3)				CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE	TOTAL CLAIMS	18		20	0	x \$ 50	\$ 0	INDEPENDENT CLAIMS	5	Minus	7	0	x \$200	\$ 0	MULTIPLE DEPENDENT CLAIM ADDED					\$360	\$						TOTAL	\$ 0	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$
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